

fidence in the future and at least as much potential energy. This year and succeeding years will develop many problems of interest and importance to our profession, and will find for each one of us ample work. The broad plan of organization of the medical profession is at last shown to be distinctly successful. In all parts of the United States, medical societies are increasing their growth and their strength, and are becoming, as it were, crystallized. Instead of wandering each his own way through life, we, as physicians, are awakening to the fact that we have many important duties, and that in many directions these have been forgotten or unrecognized in the past. As our profession is brought more and more into harmony, we recognize more and more clearly the great harm that has resulted to the public through our own apathy in the past. . . .

We Are Gullible.—Truly, we are indeed a gullible and a forgetful people. We will be intensely indignant today, and tomorrow forget what it was all about. We will believe a published lie that we read today, and next week we will read another one about the same thing, but diametrically opposed; and again will we believe that. We have come to regard the most exaggerated and impossible statements of manufacturers as privileged communications whose truth should be depended upon. . . .

From an article on "A Combination of Syphilis and Epithelioma of the Tongue" by Douglass W. Montgomery, M. D., San Francisco, and H. M. Sherman, M. D., San Francisco.

The interesting points in the following case are the combination of two important diseases such as syphilis and epithelioma in the same lesion, and the elicitation of an interesting history of unsuspected syphilis.

From an article on "The Diagnosis of Some Lung Conditions Requiring Surgical Interference" by George H. Evans, M. D., San Francisco.

To cover, in the most practical way, the above subject within the lines of a brief paper, it will be necessary to confine its limits to a consideration of some of the conditions technically within its title. . . .

From an article on "The Social Evil, Its Cost and Control" by George H. Aiken, M. D., Fresno.

For the purpose of this paper I would define the term "social evil" as open and recognized prostitution in a community, including venereal diseases and their pernicious effects. . . .

Its Control, How and by Whom?—That prostitution is one of the most destructive and pernicious evils known to the human race, no thoughtful or sane person can deny; that it is an absolutely necessary evil, essential to the health, happiness and well-being of mankind, deserving of recognition, and legal sanction, no one dare admit; but while it is an evil, and a terrible one, it is a condition which exists in nearly every city in the land, and probably will continue to exist to the end of time, and the question of the hour is, what shall be done with it?

From an article on "The Physician's Responsibility for the Nostrum Evil" by Richard C. Cabot, M. D., Boston.

As physicians we are largely responsible for the sale of secret remedies. We help to create the demand. We feed it. . . .

. . . The "patent medicine" and nostrum industry will be seriously crippled when we do two things:

- (a) Stop advising secret remedies which may be poisonous or inert.
- (b) Stop fooling our patients with placebos.

The positive side of all this negative advice I have tried to explain in another paper.

DEPARTMENT OF PUBLIC HEALTH

By GILES S. PORTER, M. D.

Director

California Cares for Crippled Children.—For three years, the California State Board of Public Health has been working in the interest of crippled children whose parents or guardians are unable to provide necessary treatment for the relief of their physical handicaps.

During the three years that the law has been operative in California, 266 crippled children have received treatment under the provisions of this act, and the surveys conducted by the department have located no less than 3345 crippled children within the state. Since work under this act was inaugurated more than 2000 home visits or investigations of cases have been made in fifty-one of the fifty-eight counties of the state. Repeated visits to the hospitals for crippled children and convalescent homes together with many special surveys, particularly of paralyzed children whose paralysis resulted from epidemic poliomyelitis, have been made.

Widespread epidemics of poliomyelitis occurred in California in 1927 and 1930, with a considerable number of cases reported in 1928. In 1927, 1270 cases of this disease were reported from fifty-five counties. Of these, there were residual paralyses in 316 cases, all of which were in patients living in small towns in rural districts of the state. In 1928, 154 cases out of a total of 301 which were reported showed residual paralyses. All of these patients were located in rural districts of the state. As a matter of fact, cases in the large cities where orthopedic hospitals and well organized health departments function, were not covered in the surveys made by the state.

In 1930, out of a total of 1905 cases reported, residual paralyses was found in 709 patients.

These figures indicate the importance of the Crippled Children's Act in the rehabilitation of children who suffer paralysis following epidemic poliomyelitis. Under the provisions of the act a total of 266 children have been provided with treatment. Through the results of the treatments, nearly all of these children have been rehabilitated, thereby relieving the state and the local community from possible expenses which might result from indigence brought about through unrelieved physical handicaps.

Vital Statistics Registration Law Amended.—Prior to the passage of Chapter 936 of the Statutes of 1931, only health officers of chartered cities of five thousand or more inhabitants were local registrars of vital statistics. Within recent years the registration of vital statistics has acquired a greater public health significance than formerly, when the legal phase of registration was of paramount importance. At the present time health officers desire the information contained upon these certificates, especially those for death, in order that they may analyze the factors operative in causing death, and incidentally ill health, in their community.

By this new amendment to our law, county health officers who hold contracts with cities of five thousand or more population, become by law the local registrars of vital statistics in that city. By coöperating with the full time county health officers in the state, the rural territory under their supervision is gradually being given to them for the registration of vital statistics, as well as all other health supervision. On the whole we find such an arrangement very satisfactory, and we believe that it will ultimately increase the proportion of certificates registered, especially for births.

The new law is mainly operative in Los Angeles County where there is a strong, well-organized county health department under the supervision of Dr. John

L. Pomeroy. On October 1, Doctor Pomeroy took over the registration of vital statistics in the following cities: Alhambra, Arcadia, Bell, Belvedere, Compton, Glendale, Hawthorne, Hermosa Beach, Huntington Park, Inglewood, Lynwood, Maywood, Monrovia, Montebello, Monterey Park, Pomona, Redondo Beach, San Fernando, San Gabriel, San Marino, Santa Monica, South Gate, Torrance and Whittier. In sixteen of these cities the deputies of the county health officer were acting as deputy registrars of vital statistics by agreement, but these are now legally under the supervision of the county health officer himself which will lead to uniformity and improved registration. This is somewhat noticeable at the present, even though the law has been in effect such a short time. Besides these cities, the unincorporated areas surrounding Compton, Glendale, Inglewood, Monrovia, Pomona, Redondo Beach, Santa Monica have been given to the county health officer. This is not such a change, as they were formerly administered by the district health officers. The rural territory surrounding San Gabriel and Whittier have also been added to the territory supervised by Doctor Pomeroy.

There are other counties in the state where this law is applicable, but these counties as a whole are not so well organized to care for the registration of vital statistics. In some places there is not help enough in the health department, and other arrangements have to be made, but in almost all cases the health officer is glad of the opportunity to be able to thus check his work. The cities affected by this law are listed below:

Martinez, Contra Costa County, Dr. I. O. Church, Martinez.

El Centro, Imperial County, Dr. Warren Fox, El Centro.

Monterey, Monterey County, Dr. R. M. Fortier, Salinas.

Pacific Grove, Monterey County, Dr. R. M. Fortier, Salinas.

Anaheim, Orange County, Dr. K. H. Sutherland, Santa Ana.

Fullerton, Orange County, Dr. K. H. Sutherland, Santa Ana.

Orange, Orange County, Dr. K. H. Sutherland, Santa Ana.

Santa Ana, Orange County, Dr. K. H. Sutherland, Santa Ana.

National City, San Diego County.—Dr. Alex M. Lesem, San Diego.

Lodi, San Joaquin County, Dr. John J. Sippy, Stockton.

Stockton, San Joaquin County, Dr. John J. Sippy, Stockton.

Santa Maria, Santa Barbara County, Dr. R. C. Main, Santa Barbara.

Santa Clara, Santa Clara County, Dr. C. M. Burchfiel, San Jose.

Oxnard, Ventura County, Dr. J. A. King, Ojai.

Santa Paula, Ventura County, Dr. J. A. King, Ojai.

Trichinosis from Bear Meat.—Trichinosis is generally contracted through the consumption of infected raw pork meat. Cases of trichinosis from use of bear meat are not common. A small group of cases contracted from such meat was reported in California last year, and during the present month a larger group of cases due to this source has been reported.

On September 16 a Vallejo youth killed a bear in Trinity County. A number of people ate steaks, roast and liver from the bear and the remainder was jerked and smoked. A San Francisco man took a portion of the jerked meat home with him and the remainder was brought to Vallejo. This meat was distributed among families in Vallejo, San Francisco and Oakdale. As a result of eating this jerked bear meat sixteen cases of trichinosis have been reported. The youth who shot the bear died October 13. Cases from this source occurred in Vallejo, San Francisco and

Oakdale. Some of the cases are extremely severe and it is possible that more fatalities will result. A sample of the meat sent to the state laboratory was found positive for trichinella spiralis. As a matter of safety it would appear that all bear meat should be thoroughly cooked before eating.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

By CHARLES B. PINKHAM, M. D.

Secretary

Results of Board of Medical Examiners' Examination Sacramento, October 20 to 22, 1931

Charles B. Pinkham, M. D., secretary of the California Board of Medical Examiners, reports the written examination held in Sacramento October 20 to 22, 1931.

The following medical colleges were represented:

College	PASSED	Year of Graduation	Per Cent
Baylor University College of Medicine.....	(1930)		84 6/9
College of Medical Evangelists.....	(1931)	80 7/9, 84 8/9	
		79 3/9, 80, 83 1/9	
Cornell University Medical College.....	(1931)		82 8/9
Creighton Medical College	(1931)	84 6/9, 84 6/9	
		79 2/9, 77 2/9	
		79 1/9	
M. R. C. S., England.....	(1908)		78
L. R. C. P., London.....	(1908)		78
Harvard University Medical School.....	(1926)	86 4/9	
	(1930)	83 2/9	
Indiana University School of Medicine.....	(1930)	86 8/9	
Northwestern University Med. School.....	(1930)	85 2/9	
	(1931)	78 5/9	
New York Homeopathic Medical College and Flower Hospital.....	(1930)	85	
Rush Medical College.....	(1928)	83 1/9	
	(1929)	75 3/9, (1931) 85 8/9	
St. Louis University School of Medicine	(1929)	78 3/9	
	(1930)	80 1/9, 82 7/9	
	(1931)	82 8/9, 86 7/9, 80 3/9	
Stanford University School of Medicine.....	(1929)	85 2/9	
University of Amsterdam Medical Faculty, Holland	(1901)	*74 1/9, 17 % for yrs. of practice	
		Total 91 1/9	
University of Colorado School of Medicine	(1931)	85 8/9, 85 7/9	
		86 5/9	
University of Edinburgh Faculty of Medicine, Scotland.....	(1918)	*72 6/9, 4 % for yrs. of practice	
		Total 76 6/9	
University of Irkutsk Medical Faculty, Russia	(1923)	*74 2/9, 5 % for yrs. of practice	
		Total 79 2/9	
University of Manitoba Faculty of Medicine, Canada.....	(1924)	76 3/9	
University of Nebraska College of Medicine	(1930)	84 6/9	
University of Oregon Medical School.....	(1930)	77 5/9	
University of Tennessee College of Medicine	(1930)	79 4/9	
University of Wisconsin Med. School.....	(1928)	84 4/9	
	(1931)	87 7/9	

FAILED

Kentucky University Medical Department	(1904)	53 3/9
University of Bordeaux Faculty of Medicine, France	(1930)	68
University of Illinois College of Medicine	(1931)	72 7/9
Washington University School of Medicine	(1929)	72 5/9

LIST OF THE SUCCESSFUL APPLICANTS

William Lyle Allred, San Francisco.
Ray Cook Atkinson, Oakland.
Wilbur Clifton Batson, Westwood.
Charles Benninger, Jr., San Francisco.
Frederick Sweet Bruckman, San Francisco.
Alfred John Cantoni, San Diego.
Gladys Clara Carleton, Inglewood.
Cecil Crafts Cole, Long Beach.
George Horace Coshaw, Santa Barbara.
Clarence Edmund Crowley, Jr., Santa Maria.
John R. Daly, San Francisco.
Horace Welles Doty, Los Angeles.

*Credit for years of practice.